



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 29 McCone		District: 0547 Circle Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	109	1.15	53	08/22/05	_____	_____
100	1	4	124	0.95	41	08/15/05	_____	_____



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County:	District:	District Level:
29 McCone	0548 Circle H S	High School

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	23	120	1.15	53	08/15/05	_____	_____
100	1	7	60	0.95	30	08/15/05	_____	_____
100	1	8	87	0.95	42	08/15/05	_____	_____
100	1	9	80	0.95	30	08/15/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County: 29 McCone		District: 0566 Vida Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	134	North Rte	97	0.95	16	None	_____	_____
100	134	South Rte	80	0.95	16	08/10/05	_____	_____